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PTO/SB/21 (04-07)(modified)
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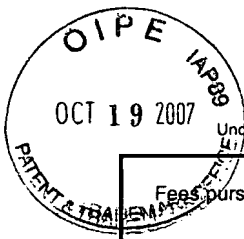
2839
JTW

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|---|---|--------------------------|-----------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | | Complete if Known | |
| | | Application Number | 10/525,834 |
| | | Filing Date | April 4, 2006 |
| | | First Named Inventor | Katsuaki Suzuki |
| | | Art Unit | 2839 |
| Examiner Name | | Jean F. Duverne | |
| Total Number of Pages in This Submission* | 6 | Attorney Docket No. | YH0019-US1 |

| | | |
|--|---|--|
| ENCLOSURES (Check all that apply) | | |
| <input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return postcard |
| Remarks: (*Duplicate copy of Fee Transmittal for deposit account, Return Postcard and Cited Art, if any, are not counted in total number of pages in this submission.) | | |

| | | | |
|---|-------------------------------|----------|--------|
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
| Firm Name | Tyco Electronics Corporation | | |
| Signature | <i>Marguerite E. Gerstner</i> | | |
| Printed Name | Marguerite E. Gerstner | | |
| Date | October 17, 2007 | Reg. No. | 32,695 |

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|---|-------------------------------|------|------------------|
| CERTIFICATE OF TRANSMISSION/MAILING | | | |
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: | | | |
| Signature | <i>Marguerite E. Gerstner</i> | | |
| Typed or printed name | Marguerite E. Gerstner | Date | October 17, 2007 |



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PTO/SB/17 (04-07)(modified)
Approved for use through 04/30/2007, OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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|--|--------------|--------------------------|-----------------|
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | Complete if Known | |
| FEE TRANSMITTAL For FY 2007 | | Application Number | 10/525,834 |
| | | Filing Date | April 4, 2006 |
| | | First Named Inventor | Katsuaki Suzuki |
| | | Examiner Name | Jean F. Duverne |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Art Unit | 2839 |
| TOTAL AMOUNT OF PAYMENT | (\$) No Fee | Attorney Docket No. | YH0019-US1 |

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|---|---------------------|---------------------|---|-----------------|-------------------------|----------------------------------|-----------------------|
| METHOD OF PAYMENT (check all that apply) | | | | | | | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ | | | | | | | |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>18-0560</u> Deposit Account Name: <u>Tyco Electronics Corporation</u> | | | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | | | | | | | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) <input checked="" type="checkbox"/> Credit any overpayments | | | | | | | |
| under 37 CFR 1.16 and 1.17 | | | | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | | |
| FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
| | Small Entity | | Small Entity | | Small Entity | | |
| Application Type | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fees Paid (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | _____ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | _____ |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | _____ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ |
| 2. EXCESS CLAIM FEES | | | | | | | |
| | | | | | | Small Entity | |
| Fee Description | | | | | | Fee (\$) | Fee (\$) |
| Each claim over 20 (including Reissues) | | | | | | 50 | 25 |
| Each independent claim over 3 (including Reissues) | | | | | | 200 | 100 |
| Multiple dependent claims | | | | | | 360 | 180 |
| Total Claims Extra Claims Fee (\$) Fee Paid (\$) | | | | | | Multiple Dependent Claims | |
| _____ - 20 or HP = _____ x _____ = _____ | | | | | | Fee (\$) | Fee Paid (\$) |
| HP = highest number of total claims paid for, if greater than 20 | | | | | | _____ | _____ |
| Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) | | | | | | | |
| _____ - 3 or HP = _____ x _____ = _____ | | | | | | | |
| HP = highest number of independent claims paid for, if greater than 3 | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets | | Extra Sheets | Number of each additional 50 or fraction thereof | | Fee (\$) | Fee Paid (\$) | |
| _____ - 100 = _____ | | _____ / 50 = _____ | _____ (round up to a whole number) x _____ | | _____ = _____ | _____ | |
| 4. Other Fee(s) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | Fees Paid (\$) | |
| | | | | | | N/A | |
| Other (e.g., late filing surcharge): <u>Reply to Notice of Non-Compliant Amendment</u> | | | | | | _____ | |

| | | | |
|---------------------|-------------------------------|-----------------------------------|-----------------------|
| SUBMITTED BY | | | |
| Signature | <u>Marguerite E. Gerstner</u> | Registration No. (Attorney/Agent) | Telephone |
| Name (Print/Type) | Marguerite E. Gerstner | 32,695 | 650-361-2483 |
| | | | Date October 17, 2007 |

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| Certificate of Mailing (37 CFR 1.8) | |
| I hereby certify that this paper or fee is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date indicated below: | |
| Date of deposit: <u>October 17, 2007</u> | Name (printed): <u>Marguerite E. Gerstner</u> |
| Signature: <u>Marguerite E. Gerstner</u> | |



PATENT APPLICATION
YH0019-US1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | |
|--------------------------------------|--------------------------------|
| In re Application of |) Group Art Unit: 2839 |
| SUZUKI |) |
| Application No. 10/525,834 |) Examiner: Jean F. Duverne |
| Filed: April 4, 2006 |) |
| For: CONDUCTION TERMINAL AND ADAPTER |) TYCO ELECTRONICS CORPORATION |
| FOR CONDUCTION TERMINAL |) 307 Constitution Drive |
| |) Menlo Park, CA 94025 |
| |) |
| |) October 17, 2007 |
| |) |

REPLY TO NOTICE OF NON-COMPLIANT AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a reply to a Notice of Non-Compliant Amendment ("Notice") mailed September 24, 2007. Please charge any necessary fees or credit any overpayment to deposit account number 18-0560. Reconsideration, re-examination, and allowance are respectfully requested in view of the Amendments and Remarks below.

The Notice was sent in response to a Preliminary Amendment and Disclosure Statement under 37 CFR § 1.56 mailed February 25, 2005. In that Preliminary Amendment, amendments were made to the specification to delete extraneous titles and to conform the PCT application to US practice. The undersigned incorrectly indicated the deletion of several titles using markings. This reply presents those same proposed amendments in proper form. The remaining

CERTIFICATE OF MAILING UNDER 37 CFR §1.8

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Name of person signing certificate: Marquerite E. Gerstner

Signature: Marquerite E. Gerstner Date: October 17, 2007

amendments, e.g. to the title, the Reference to Related Applications, and the other headings, are not being presented again.

Amendments to the Specification begin on page 3. Remarks begin on page 4.